



Council of the
European Union

Brussels, 25 November 2014
(OR. en)

15979/14

SAN 449
COAFR 327
COHAFA 121

NOTE

From: General Secretariat of the Council
To: Council

Subject: **Employment, Social Policy, Health and Consumer Affairs Council**
meeting on 1 December 2014
Response to outbreak of ebola virus disease
- *Information from the Commission*
(Any Other Business item)

Delegations will find attached an information note from the Commission on the above mentioned subject.

RESPONSE TO OUTBREAK OF EBOLA VIRUS DISEASE

The epidemic of Ebola Virus Disease is continuing to defy Guinea, Liberia, and Sierra Leone, which remain in an **extremely fragile situation**, also posing a serious threat to the bordering countries. The epidemic has been declared as a Public Health Emergency of International Concern by the World Health Organization (WHO) and recognised as a threat to global security by the UN Security Council.

Since the beginning of the epidemic, the Commission has provided assistance to the affected countries and worked within the Member States' Health Security Committee to strengthen preparedness to respond to the Ebola threat at EU level.

Commissioner Stylianides as the EU Ebola Coordinator, and Commissioner Andriukaitis visited Liberia, Sierra Leone and Guinea from 12 to 16 November. This mission conveyed the EU's solidarity and determination to help these countries overcome the outbreak.

As an outcome of this mission, the Commission stresses the urgent need for additional mobile medical teams - including epidemiologists, paramedics, nurses, medical workers - to provide treatment, to locate Ebola victims and their contacts, to train local personnel, to raise awareness – with simple information tools - and to help organise safe burials, in particular in rural areas.

A number of Member States have already mobilized both professional and volunteer health workers for the region, and these efforts are to be saluted. But there is an **urgent** need for more personnel on the ground. The Commission appeals to Member States' solidarity to encourage additional volunteers to go to West Africa **urgently**, in the coming weeks, to fight the Ebola outbreak.

More efforts are needed at community level, in the rural areas. There is a need to shift from the **centralised top-down treatment model in capitals, to a bottom-up model** based on community approach. In addition to mobile laboratories and other specific needs to fight Ebola, Liberia, Sierra Leone and Guinea urgently need safe water and basic hygiene and sanitation, as well disinfection means; there is also a need for information campaigns using simple information leaflets for example, in particular in remote areas, to explain to people what Ebola is and how to avoid it.

Such a response needs to be integrated with the shaping of primary healthcare, including mother and child support programmes, maintaining vaccination campaigns and programmes for the prevention and treatment of various infectious diseases including malaria, tuberculosis and HIV/AIDS.

EU preparedness for managing Ebola Virus Disease

According to the second survey of the Health Security Committee, the EU is increasingly prepared for Ebola and there is significant willingness to share resources, generally on a case by case basis. Provisions for medical evacuation have increased. Almost all Member States report emergency preparedness plans for managing viral haemorrhagic fevers including Ebola. The plans include organisational management structures and the main elements for contingency arrangements for enhanced surveillance, detection, diagnosis and management of cases, as well as management of contact tracing of exposed persons and information to the general public. The situation has significantly improved since the Informal Health Council in September in Milan.

Medical evacuation

The EU coordination mechanism for Ebola patients' evacuation is now fully operative. The arrangements will enable all Member States to transport and offer treatment facilities to international staff working in the affected countries. The Commission, in close collaboration with the WHO, provides air transport of Ebola positive international healthcare workers to Member States which have communicated their availability to receive such patients. Air ambulance providers, including two aircraft in Luxembourg and two in the US, are currently on stand-by to evacuate patients. Eight EU Member States together with Norway have identified treatment facilities which could receive patients. The costs of transport of patients to the EU are supported by the Commission¹.

¹ Eleven patients have been medically evacuated into the EU and EEA countries with confirmed or suspected Ebola virus as of 20 November: two to Spain (both fatal cases), two to the Netherlands (both negative), two to France (one discharged, one in treatment), three to Germany (one discharged, one in treatment and one fatal case), one to United Kingdom (discharged), and one to Norway (discharged). Two additional medical evacuations were done in Switzerland (one negative and one currently in treatment).

Network of clinicians

The Commission launched on 11 November an EU Network of clinicians nominated by the Health Security Committee. The network enables sharing information and good practices on treatment of Ebola patients, and issues related to safety and infection control at hospital level. The network works through a protected IT tool developed by the European Centre for Disease Prevention and Control (ECDC).

Infection control and personal protective equipment

The Commission convened two workshops to discuss the main issues related to safety and infection control measures to minimise the risk of Ebola transmission in the pre-hospital and hospital settings. This included workshop with national experts on "prevention of transmission of Ebola virus in healthcare setting" where infection control measures, including the best use of personal protective equipment by healthcare personnel were discussed; and a workshop with health and other relevant professions (*e.g.* nurses, pharmacists, hospital managers, funeral services).

An additional expert workshop is planned for December providing an opportunity to fine-tune the check-list of operational procedures and measures to prevent Ebola infections in the healthcare setting, including the best use of personal protective equipment. The check-list will be a shared tool for identifying at national level potential gaps to be addressed. Once these gaps are identified, capacity building workshops will be carried out by the ECDC to help address specific needs. This process will be implemented from now on until the first trimester of 2015 and can be repeated depending on the development of the epidemic and in case additional needs will be identified.

Information to the public

In addition to the information to the public endorsed by the Health Security Committee, such as the information for travellers and media messages in all EU languages made available for Member States, the Commission has prepared a video with the WHO that will be available to the general public in all the official EU languages.

Exit screening

Following the invitation from the European Council, the Commission has conducted an audit of the exit screening procedures implemented in the three affected countries between 19 and 23 November, in collaboration with the WHO and the ECDC. As soon as the results of the audit are available, they will be communicated to the Member States.

Prevention of Ebola through vaccination and novel compounds

Phase 1 trials of three candidate vaccines, conducted in healthy human volunteers to test safety and immunogenicity and select the dose, are currently under way and are due to report initial results in December 2014. Phase 2 trials are expected to start in early 2015 with a very significant increase in the scale of production during the first half of 2015². The Commission is contributing EUR 24.4 million from the EU budget for Ebola research. EUR 15 million is allocated for the complete phase 1 development and the phase 2 testing in Africa of the GSK vaccine. The funding will also support testing of existing and novel compounds to treat Ebola.

The Commission is also working with the industry on the further development of vaccines, drugs and diagnostics for Ebola within the Innovative Medicines Initiative where the Commission is partnering with the European Federation of Pharmaceutical Industries and Associations to fund research. The first call for proposals in the programme has a total budget of EUR 280 million – 140 million from EU budget - and will result in projects addressing the development phases 1-3, and manufacturing capacity. The first projects are expected to begin in early 2015.

² The three candidate vaccines are: cAd3-ZEBOV vaccine developed by GlaxoSmithKline (GSK) in collaboration with the US National Institute of Allergy and Infectious Diseases; rVSV-ZEBOV vaccine developed by the Public Health Agency of Canada (license for commercialisation held by the NewLink Genetic, US); and a third candidate from Johnson and Johnson/Bavaria Nordic.