ECDC DIRECTOR'S SPEAKING NOTE

2013 Annual exchange of views with ENVI Committee

Committee on the Environment, Public Health and Food Safety (ENVI),
European Parliament, Brussels, 26 September 2013

Thank you Chairman. I realise that this will be the last exchange of views we have during the mandate of the current Parliament.

So I would like to start by thanking you, Mr Chairman, and the Committee members. Since becoming Director of ECDC in 2010 I have really valued your advice and support. In particular, this Committee understands that EU Agencies exist to implement EU policies. When the Budgetary Authority cuts back the budgets for Agencies it runs the risk of undermining these policies. Chairman, I hope policy makers in the next Parliament have the same insight.

Earlier this week I looked back at what I had said in previous exchanges of views with this Committee. Over the last few years my key priorities have been:

- Working with the Commission to strengthen cooperation between national public health laboratories in the EU
- Supporting EU enlargement; and
- Further improving the efficiency of ECDC as an organisation.

This last one is a priority for all organisations in the EU family, given the pressures on the EU budget. Nonetheless, I am proud that ECDC has been able to increase its scientific output since 2010, notwithstanding having had its budget cut and its establishment plan reduced.

In 2010 ECDC published 86 scientific reports and delivered on 90% of the actions foreseen in its annual work programme.

In 2012 we published 203 scientific reports and delivered on 97% of the actions foreseen in our work programme.

Regarding EU enlargement, ECDC has developed an assessment tool to help assess the technical readiness of countries to join the EU system of infectious disease prevention and control. This was piloted with Croatia in 2012. And now in 2013 the Commission and ECDC are using this methodology to help Serbia, Montenegro and Turkey prepare for EU membership.

Equally important is the progress the ECDC and the Commission have made in further strengthening public health laboratory cooperation. When the EU is threatened by a new or unusual pathogen it is important that all Member States have the ability to test for it. Otherwise we will not be able to track its arrival in Europe, or its spread between Member States.

I am proud that when there was an outbreak of a rare type of *E. Coli.*, also known as EHEC, in Germany in 2011 ECDC was able to rapidly produce testing protocols and test kits for this pathogen. In 2012 and 2013, with the emergence of novel viruses such as the Middle East respiratory syndrome Coronavirus and a novel H7N9 avian influenza, I can say that Europe's public health laboratories are completely on top of the situation. Laboratory cooperation led by ECDC and the Commission means that all Member States have access to testing capacity for these viruses. If there are cases of these new viruses we will know about them, no matter where in the EU they happen.

Chairman, this Committee has guided and supported me since 2010. I hope that you too can feel some pride in these achievements.

What I would like to do over the next 15 minutes or so is to highlight four important developments at ECDC this year:

- **One**: in early May a delegation from ENVI visited ECDC

- **Two**: this year we have seen significant outbreaks of two novel viruses:
    - A novel H7N9 avian influenza virus in China which caused more than a hundred human cases in April and May; and
    - The ongoing outbreak of Middle East respiratory syndrome coronavirus

- **Three**: We have invested a lot of time and effort in developing ECDC's Strategic Multi-annual Programme for 2014-2020. This should be adopted in November.

- **Four:** We made an EU-wide survey to count - on a single given day - what proportion of hospitalised patients had a healthcare-associated infection. This produced valuable results, which we published in July.

The ENVI delegation who came to Stockholm in early May were: Dr Mikolášik; Mr Rossi; and Ms Taylor. As always, it was a pleasure and an honour to be able to show members of this Committee what ECDC does on a day-to-day basis.

For me, the highlight of the visit was having the delegation attend the Daily Threats Monitoring meeting in our Emergency Operations Centre. This state-of-the-art facility was built with a ring-fenced budget of € 1.5 million specifically voted to ECDC by Parliament in 2005. So it's good to show Parliamentarians what the EU got for this investment.

Even more importantly, though, the Daily Threat Monitoring meeting is the heart beat of ECDC. Our epidemic intelligence team, who are permanently based in the Emergency Operations Centre, present a situation report on: *Active* disease outbreaks of EU level importance; and Alerts or signals that could indicate the start of a significant disease outbreak. A multi-disciplinary team of experts and managers then assesses the information presented and we make decisions on what action ECDC needs to take.

The Daily Threat Monitoring Meeting that the ENVI delegation participated in on 3 May this year was a rather interesting one. During April we had monitored more than 100 human cases of a novel avian influenza virus in China, which was called H7N9. This outbreak had made us quite concerned. Firstly, we had never before seen so many human cases of avian influenza in such a short space of time. Secondly, many of the people infected with H7N9 became critically ill, and more than 40 of them died. Thirdly, the outbreak was centred on Shanghai – a huge international city linked to Europe by dozens of flights each day. If the H7N9 outbreak had continued, we would almost certainly have seen cases in the EU.

Fortunately, the measures taken by the Chinese authorities – in particular, closure of live poultry markets in and around Shanghai – proved to be effective. The outbreak peaked in April and trailed off in May. But H7N9 nonetheless gave us an excellent case study to discuss with the ENVI delegation on how EU level cooperation against infectious diseases works.

H7N9 was a threat of concern to all Member States – so having a common EU-level risk assessment, rather than 28 national risk assessments, made sense. ECDC received the first alert from China over the Easter weekend. We worked with experts in the Member States, the US and China and produced a first Rapid Risk Assessment by close of business on Easter Monday. Our colleagues in DG SANCO could then start discussions with the Member States in the Health Security Committee to coordinate the EU-wide response to H7N9.

The outbreak of the other novel virus I mentioned – the Middle East respiratory syndrome coronavirus, or MERS CoV – is still ongoing. Most of the cases of MERS CoV reported so far have been in Saudi Arabia: 111 out of the 133 cases confirmed worldwide. But we have seen 9 cases of MERS-CoV in the EU, including 5 deaths. What worries us most about MERS CoV is that we do not fully understand where the virus comes from and how people become infected with it. There are various theories about bats or camels being the reservoir for infection, but none of these have been proven. What ECDC can, and is, doing is to act as an expert resource for Member States on diseases such as MERS CoV that are currently rare, but may pose a significant threat in future.

This is a role that may become increasingly important over the coming years, as we countries cut back on the number of experts they have in their national public health institutes. And, as I already mentioned at the beginning of my presentation, ECDC and the Commission have made sure that all Member States have access to tests for H7N9 and MERS CoV.

This successful cooperation brings me to the next key development I want to highlight to the Committee. Over the past 18 months ECDC and its partners have put a lot of effort into developing a really solid Strategic Multi-annual Programme for 2014-2020

We have invested time in discussing the Programme in depth with our partners in the Commission and the Member States. We needed to be sure it matched their needs. ECDC also invested time in discussing the programme internally. We wanted to make sure we could deliver on all our promised. At meetings of our Management Board we have twice done *tour de tables* to make sure all the delegates could give their input. And in this regard I must thank our ENVI contact MEP Marina Yannakoudakis for taking time to discuss our draft Programme with the two ECDC Board members appointed by Parliament. The final result is a Multi-annual Programme that we can be very proud of.

There is continuity in terms of the infectious diseases we focus on:

- For example, antimicrobial resistance, HIV/AIDS, tuberculosis, influenza and viral hepatitis will continue to be top priorities
- We will also continue to support the Commission and Members States in the fight against measles, and other vaccine preventable diseases
- And we will, of course, continue to monitor for the emergence of new pathogens or outbreaks of EU level interest

There is continuity too, in the services ECDC will provide to its partners, such as:

- EU-level disease surveillance and epidemiological analysis;
- Risk assessment and scientific advice;
- Training of disease control professionals;
- Supporting the EU's Early Warning and Response System on health threats; and
- Supporting the response to multi-country outbreaks, including support for laboratory cooperation

For each disease and each activity we describe how ECDC can "add value" to the work of our partners and what we aim to have achieved by 2020. We aim to give enough detail so that Member States and the Commission can plan on the basis of the support they will get from ECDC. However, our Programme is also flexible enough to enable us to respond rapidly to changes in our partners needs. Let me give you an example. Supporting preparedness against infectious disease outbreaks in the EU is already part of ECDC's mandate under our Founding Regulation. But we know that this summer that Parliament overwhelmingly supported Mr Pargneaux's report on the Serious Cross-Border Health Threats Decision. This new Decision will significantly strengthen coordination between Member States

and the EU in the area of preparedness. Our Programme anticipates this and makes preparedness a priority area. ECDC is now working with the Commission to define in more detail how we work together on this over the coming years – and our Programme is flexible enough to accommodate this.

The two final elements we need so that our Management Board can adopt the Programme are:

- A finalised list of indicators for the Programme; and
- A clear budget perspective for ECDC for the period 2014-2020

The indicators are relatively straightforward. We have produced a set of proposals on this in ECDC. Finalising the details of the EU's Multi-annual Financial Framework is a more complicated matter, and of course it is not in the hands of ECDC. Nonetheless, my hope is that when our Management Board meets on 13 and 14 November it will have all the elements it needs to adopt our Programme for 2014-2020.

I have talked a lot about the operational side of ECDC's work, such as supporting Member States and the Commission in responding to outbreaks. I think it is important for policy makers to understand that we do not sit in an ivory tower in Stockholm just producing reports. Nonetheless, I would like to finish by drawing your attention to a scientific report we published this summer that I am very proud of. This contained the results of the EU-wide survey to count - on a single given day - what proportion of hospitalised patients had a healthcare-associated infection.

In 2009 and 2010 ECDC developed a standard survey methodology with the current 28 EU Member States plus Iceland and Norway. In 2011 and 2012, information was then collected in more than a thousand different acute care hospitals across these 30 countries. Some 2,800 hospital personnel were trained by the national coordinators on how to perform this survey using ECDC training materials. The results of this survey give the most comprehensive and authoritative picture ever of healthcare-associated infections in the EU.

We can now say with some certainty that within the EU's healthcare systems 3.2 million patients each year catch healthcare associated infections. Or to put in another way, on any given day in the EU one in 18 patients in European hospitals is affected by at least one healthcare-associated infection. Many of these infections are preventable, and the analysis in our report indicates how this can be achieved. But the key point is that the first step towards overcoming a problem is to better understand it.

Our cooperation with public health professionals across the EU can give Europe's policy makers the information they need to take effective public health action.

As always, though, ECDC does not just want to point out problems. We also want to support the EU and Member States in solving them. Many healthcare associated infections are resistant to the most commonly used antibiotics, which makes them difficult to treat. I would like to end by highlighting European Antibiotic Awareness Day that takes place across the EU in November.

The EU level event to mark the Day will be held in Brussels on Friday 15 November. It is led by the Commission, and supported by ECDC. Health authorities in each of the Member States are holding national events. Details are on the official website of European Antibiotic Awareness Day, which ECDC hosts.

Chairman, thank the Committee for its time and attention. I look forward to your questions.