

Challenging Times for Europe's Health

Speech by Dr. Marc Sprenger, Director, ECDC
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Ministers,

Distinguished guests,

Ladies and Gentlemen,

I would like to warmly thank the Hungarian Presidency for the excellent work that has been done since the beginning of the year. The Hungarian Presidency has energised the EU Health agenda and the issues of communicable diseases in the EU.

Introduction

We are living in challenging times for health.

The world's attention is focused on the on-going effects of the financial crisis, widespread conflicts and environmental disasters. It is more difficult than ever to get the message across about health protection.

In an extremely challenging environment for public finances, it is important that we get the message across that health is wealth.

I will talk in a minute about the thousands of cases of measles we see in the EU every year, and about new drug resistant superbugs. The healthcare costs arising from not controlling these infections are very high. And that is before we even discuss the human costs in terms of suffering and death.

Several studies highlight the economic burden of ill health. And the economic impact of disease outbreaks can be substantial, as was shown with SARS eight years ago. Indeed, it was following the SARS crisis that European policy makers agreed to the establishment of the European Centre for Disease Prevention and Control (ECDC).

As you know, ECDC was established in 2005, as the EU agency with the responsibility to strengthen Europe's defences against infectious diseases. We are based in Stockholm, Sweden. Our mission is to identify, assess, and communicate current and emerging threats to human health posed by infectious diseases. We also support and help coordinate European Union countries' preparedness and response capacities.

ECDC works closely with Health Ministries and national public health institutes, in every country in the European Union. We network and facilitate cooperation between the leading infectious disease experts across the EU, including researchers, health officials and clinicians. This community of experts is now vibrant and lively. There is information exchanged and knowledge pooled every day. We also work closely with the EU candidate and potential candidate countries, which I am glad to see are present here today.

The diversity of Europe means working together in solidarity to solve the common challenges.

Childhood Immunisation

I would like to say a few words on the specific topic of childhood immunisation. This is one of the priority themes of the Hungarian Presidency.

ECDC recognises that there are barriers to reaching satisfactory immunisation coverage in the European Union. We are committed to assisting Member States in overcoming these barriers.

There are still large pockets of under-immunised populations in most EU countries. This was the reason why we missed the target of measles and rubella elimination in 2010.

One result of missing that target is that, in the first three months of this year, there were 5 000 cases of measles in the EU. Many of those cases are complicated and require hospitalisation. Most importantly, many children still suffer brain damage or die because of measles – which is an unacceptable tragedy in Europe.

ECDC would like to address two issues:

Firstly, on cross-border issues where, according to our mandate, ECDC is able to support the Member States in addressing cross-border risks of vaccine-preventable diseases and vaccination strategies. In view of this, I would like to cooperate with the Member States, the European Commission, WHO EURO, and the European Medicines Agency to make it easier for families that move from one country to another to keep their children's vaccinations up to date.

Very often doctors and nurses have difficulties in reconstructing the vaccination history of a child. It can be hard for them to understand and interpret what is written in an immunisation certificate from another country.

The EU has 27 Member States and something like 30 different formats of vaccination certificate. ECDC is setting up a resource base in order to share information on which vaccine products are used in each Member State.

Secondly, the issue of vaccine scares which is one of the causes of such situations. We recognise that communication with both the public and health professionals is the key to improve confidence and increase immunisation coverage.

ECDC is strongly committed to providing timely and impartial information on vaccines. To be credible with the public, this implies that we also have to give information on potential adverse events from immunisation.

EU citizens expect us to take these incidents seriously. They expect to be informed, and to get all the reliable information they need. They want to be empowered to make informed decisions about being vaccinated.

Recently an unusual rise of cases of narcolepsy – a rare but serious neurological condition – was detected in Finland. Subsequently, a rise in narcolepsy cases was detected in Sweden and a few other European countries. In Finland and Sweden, this signal was temporarily associated with the immunisation campaign against pandemic influenza. Further investigation detected a potential increased risk of narcolepsy in children previously vaccinated with a certain pandemic vaccine. However, nothing similar has been detected in other countries, especially Canada or UK, which used the same vaccine in the same age groups.

For this reason, ECDC has started a large multi-country study to further investigate this signal in an EU population of some 100 million people. This will enable us to perform a more thorough assessment, and provide both the public and health professional with more evidence.

Moreover, in order to use such knowledge to counteract any scare-story on vaccination, we will use the most up-to-date communication channels, including social media.

ECDC's approach is to collect the data needed for public health action.

In order to further strengthen vaccination programmes in the EU, the quality of information available to health policy makers on vaccine coverage, vaccine safety, and vaccine effectiveness needs to be improved.

I believe that ECDC and EMA have the mandate to work with countries to generate this sort of high-quality information. I believe there is a clear European added value in doing this.

Most of the issues related to vaccines can be addressed much more authoritatively if we have multi-country data. Our narcolepsy study is a clear example of this.

Antimicrobial Resistance

I know the Health Council has had many discussions about cross-border healthcare.

As a citizen and a doctor I know there are many good reasons to facilitate the movement of patients across borders.

But as Director of ECDC I also have to highlight to you one of the public health problems associated with the international movement of patients – not just in the EU, but also internationally. That is the circulation of drug resistant microbes, with all the problems this brings.

I would like to thank Hungary for maintaining the momentum on the issue of antimicrobial resistance (AMR) and welcome the European Commission's intention to develop a new strategy on AMR.

AMR, for a large part, has been driven by misuse of antibiotics. It is estimated that up to 50% of antibiotics are being prescribed inappropriately in hospitals.

Poor implementation of, and compliance with, hygienic measures to prevent cross transmission of resistant bacteria further contributes to their spread.

As a result, patients are suffering from infections with limited options for treatment. This leads to longer hospital stays, suffering, sometimes death and a lot of costs.

During the past year, a new threat has emerged in Europe known as the New Delhi 'superbugs', which were reported in the middle of August last year. The technical term we use for these bugs is 'carbapenemase-producing bacteria'. These bacteria are resistant to almost all available antibiotics. This means that very few antibiotics remain as treatment options. In this sense, they represent a greater threat for the EU than 'superbugs' such as MRSA. If they become prevalent, infections that unfortunately sometimes happen in hospitals could become untreatable.

ECDC rapidly responded to the emergence of these bugs by performing a rapid risk assessment, posted by the European Commission on the Early Warning and Response System on 27 August 2010. We are finalising a more comprehensive risk assessment on this topic, and developing specific prevention and control guidance.

These almost totally resistant bacteria are now spreading in Europe and worldwide. Most EU countries are now reporting cases. Hospital outbreaks and regional spread is occurring. This is happening because doctors increasingly rely on last-line antibiotics to treat multidrug-resistant infections. And, as I said earlier, because of increasing international travel and cross-border healthcare.

Ministers, I really would ask you to support the on-going work of the Chief Medical Officers and Chief Nursing Officers in each country, so proper measures to control the spread of these new superbugs can be implemented in the EU. It is not too late to act. We can still make a difference.

Communication and education about the prudent use of antibiotics is essential. Public campaigns using a social marketing approach have been shown, in at least two Member States (Belgium and France), to result in savings for the national health insurance systems.

I believe that the same is true for campaigns targeted at hospital prescribers. I also strongly believe in the necessity of educating students and young healthcare professionals on these issues.

ECDC is coordinating the European Antibiotic Awareness Day – a European health initiative that promotes prudent use in antibiotics. It does this by providing educational materials derived from evidence-based key messages. These can be adapted for use in national campaigns.

I thank you for your participation in this Day since 2008. I would also remind you that it will take place again this year on 18 November.

The Way Forward

The current financial crisis means that health budgets are tight everywhere. Now is the time to work together at the European level and to avoid re-inventing the wheel in each country.

Now is the time to encourage, in particular, more collaboration in the field of public health laboratories. It is important to identify further areas for mutual collaboration that can help us achieve more with the same resources.

The national public health institutes have a critical role to play as the backbone of the European defence system against infectious diseases. It is important that we maintain investment in disease prevention and control in general, but more specifically in the national institutes. At the same time, though, we should look to see where we can work smarter and better via EU-level cooperation. I believe we can certainly do this in the area of laboratories.

To conclude, I would like to leave you with three key messages:

- There are new health protection challenges, so please do not reduce the budgets of your national public health institutes. At the same time, let us see how we can achieve more for the same resources by working together in collaboration at EU level.
- There are thousands of cases of measles in the EU every year. May I call upon you to pay more attention to the vaccination of vulnerable groups by using the cheap and safe vaccines which are available.
- AMR is a growing health threat in the EU with almost totally resistant bacteria spreading quickly. We need to be very prudent with how we use antibiotics, and we must scale up the strength and intensity of our response to new superbugs to control their spread.

Thank you.