

DGs JLS/SANCO Informal Seminar on  
Bio-preparedness of the European Union

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Opening address by  
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I would like to welcome all of you to this joint workshop that the European Commission Directorates General for Health and Consumer Protection and for Justice, Freedom and Security are organising to discuss on bio-preparedness within the European Union. I am pleased that we as representatives of the public health and the public order field have come together to jointly look how the European society can be best prepared towards the biological threat. I am pleased that representatives from the private sector and of private companies have joined us to discuss together with us on our common goal of strengthening bio-preparedness within the EU.

It is of particular importance that our two sectors cooperate closely on this issue as a biological security threat differs from a natural hazard in the overall sense that there are human intention and planning involved, and thus poses new challenges for which the expertise of both our sectors, public health and public order, are needed to respond to thoroughly. Together with my colleagues from the European Commission I am therefore undertaking all efforts to promote closer cooperation between our two professional sectors on this question.

As two of many good examples of constructive collaboration between the sectors which are represented today, I would like to point out the good spirit of cooperation that existed in the development of the four Commission communications related to

the fight against terrorism that were adopted in October 2004. The same applies for the work on critical infrastructure protection, which is ongoing.

Let me present to you a little bit more in detail what has been undertaken so far in the public health field at European level to improve preparedness and response to a biological threat.

The Commission has undertaken a series of actions across EU policies following the circulation of anthrax letters in the US in autumn 2001. A programme of cooperation on preparedness and response to biological and chemical agent attacks (Health Security) is ongoing, comprising 25 actions grouped under four objectives.

The programme covers a mechanism for information exchange and co-ordination, an EU-wide capability for the timely detection and identification of biological and chemical agents in laboratories, the rapid and reliable determination and diagnosis of relevant human disease cases, the availability of medicines, co-ordination of emergency plans and the drafting and dissemination of rules and guidance on facing-up to attacks from the health point of view.

As part of the Programme, the Health Security Committee was set up. A Task force on health security, composed of experts seconded by Member States and public health officials re-deployed by the European Commission became operational in May 2002. The work has now been integrated in the "Health Threats" Unit of DG SANCO. The Commission issued a communication (COM (2003) 320) on progress in implementing the programme in June 2003.

Work on health security at EU level is not finished by any means. Community action has already produced valuable and promising results and is an ongoing process. Health Security has been included as a specific item in the Community Action Programme on Public Health 2003-2008.

Results obtained so far include

- A co-ordination mechanism has been established. It comprises the Health Security Committee of high-level representatives of the EU Member States which has as its role to notify suspected or confirmed cases of deliberate release of biological or chemical agents to cause harm, consult rapidly after

incidents and in the event of crises, exchange information and co-operate on preparedness and response measures, and a 24 hour/7 day-a-week rapid alert system (RAS-BICHAT), operational since June 2002, which links the members of the Health Security Committee and also permanent contact points in all Member States;

- Lists of biological terrorism agents have been reviewed and a matrix with all the agents has been developed for prioritising public health actions. Case definitions for smallpox, anthrax, tularaemia and Q fever have been worked out for surveillance purposes and a Commission decision that renders them mandatory was adopted in July 2003;
- A platform of co-operation between public health laboratories in all Member States has been set up and a network has been formed consisting of high safety laboratories in the Member States to ensure that bio-agents are detected rapidly wherever they might be released; moreover, a ring test and a quality assurance project are being pursued.
- Clinical guidelines have been prepared and agreed by the Health Security Committee for publication and dissemination, covering anthrax, smallpox, botulism, plague, tularemia, haemorrhagic fever viruses, brucella, Q fever, encephalitis viruses, glanders and melioidosis;
- A guidance document on the treatment of patients who were exposed to pathogens has been produced by the European Medicines Evaluation Agency (EMA);
- Sharing of information on smallpox emergency plans has been organised. Tests of communication channels and an evaluation of existing emergency plans are run in the form of exercises for smallpox.
- Work on the modelling of outbreaks and on the data for simulations has been started and is being progressed with the setting up of a relevant database and on the development of generic models which can be subsequently adapted to include specific conditions in Member States.

- A directory of experts who would be available for advice or to help investigating in cases of deliberate release of harmful agents and assist in the management of health emergencies is being drawn up and arrangements for experts to be included into the directory are being made.
- The Commission adopted a communication on generic preparedness planning within the EU on 28 November 2005 (COM(2005)605 final) at the same time as it adopted a Communication on Pandemic Influenza Preparedness and Response Planning in the European Community (COM(2005) 207 final). A technical guidance document on generic preparedness planning for public health emergency events has been published on the European Commission Public Health website. The goal of the EU in generic preparedness planning is to assist Member States in including in their plans the EU dimension with its body of laws in various sectors that impinge on emergency plans and to make possible the interoperability of such plans, mainly by the setting up of a co-ordination mechanism that enhance co-operation between key Member States' and Commission-players. The planning is intended to provide ground for multi-sector response to health threats.

Activities are being continued through Working Groups, such as on emergency planning and modelling; on incident investigation and sampling; on medical products; on collaboration between laboratories; on chemical agents.

To test preparedness and response capacity to health threats within the EU, DG SANCO ran two communication exercises, one on a smallpox scenario in October and one on influenza pandemic in November last year. All Member States' public health structures, our colleagues from EUROPOL and from the European Commission Directorate General for Justice, Freedom and Security participated.

Concerning global cooperation on preparedness and response to health threats, the Commission forms part of the Global Health Security Initiative (GHSI) established by the G7+ partners (G7 countries plus Mexico plus the European Commission) in November 2001, in the aftermath of the anthrax letters that were circulated in the US. The Global Health Security Initiative is targeted at concerted global action to

strengthen the public health response to the threat of international biological, chemical and radio-nuclear terrorism.

Priority items for the future work on health security, comprise the following issues:

- \* Decision by the Health Ministers on the future mandate and scope of work of the Health Security Committee;
- \* Further follow-up of generic preparedness planning for health sector crisis response in the Community;
- \* Further exercises to test communication channels, interoperability of emergency plans and coordination of response measures across the EU for crisis response;
- \* Further follow-up of the Health Security Programme.

I see best perspectives for a continued good cooperation between our sectors regarding preparedness and response to threats for health and the security of the European society. This can be undertaken on the ground of already well developed initiatives and mechanisms in the respective fields of competence and thus lead to improved protection of the European citizens.