

# EU Health Task Force webinar – mpox deployments

17/10/2024

# EU HEALTH TASK FORCE

**Supporting emergency preparedness and response  
in the European Union and globally**

# **Welcome by Head of Emergency Preparedness and Response and Support section**

# Opening points

Welcome to the second webinar organised by the EUHTF;

- As many of you know, the EUHTF is an initiative to support emergency preparedness and response at the EU and global level. It came in to force with the expanded mandate of ECDC and this is the first year we are becoming fully operational.
- With this webinar we want to show you what the EUHTF does during emergencies and raise your awareness on how to request the EUHTF support
- Before talking about emergency work, I take the opportunity to remind you that ECDC has started the article 8 / PHEPA country assessment – I am myself in Spain for such a visit – and that the EUHTF is one of the initiative available to support Member States on the actions that follow the PHEPA process.

# Outline

- Scope and purpose of the EUHTF
- Introduction to the mpox deployments
- Testimonies from missions and assignments
- Q&A
- Info on requesting support, EUHTF governance and upcoming events



# Scope and purpose of the EUHTF



# Establishment of the EU Health Task Force



**Background:** Shortcomings in EU mechanisms for managing threats, lack of readily available human resources for timely deployment → ECDC amended mandate to establish and coordinate EUHTF in collaboration EC, EU/EEA MS

**Vision:** EUHTF as an **EU deployable public health work force** providing effective **operational response** and **crisis preparedness support** to EU/EEA MSs and contributing to wider global health security;

- Country or crisis focused
- Flexible body, mobilised in different situations and under different mechanisms
- Work closely with the European Commission, close collaboration with international partners such as WHO GOARN
- Remote support as well as rapid in-country field deployment

**Scope:** Timely emergency response during outbreaks and crises  
Communicable disease and diseases of unknown origin  
Strengthening countries emergency preparedness



# Scope of activities supported by the EUHTF

<b>Preparedness</b>	<ul style="list-style-type: none"> <li>• Development/review of preparedness and response plans or guidelines/protocols related to specific technical areas</li> <li>• Testing of preparedness and response plans, or plans related to specific technical areas</li> <li>• Review of the implementation of preparedness and response actions</li> <li>• Support the implementation of capacity-building activities</li> </ul>	<p><i>Surveillance, public health laboratories, infection prevention and control, points of entry, etc.</i></p> <p><i>Simulation exercises</i></p> <p><i>In-Action Reviews (IAR), After-Action Reviews (AAR)</i></p> <p><i>Actions identified through other activities (e.g. country assessments) or identified capacity-building needs</i></p>
<b>Response</b>	<ul style="list-style-type: none"> <li>• Threat detection and monitoring, including during outbreaks or following disasters</li> <li>• Outbreak investigation and emergency response</li> <li>• Emergency Operations Centre (EOC)</li> <li>• Operational research for evidence gathering in the context of an outbreak</li> </ul>	<p><i>Development, strengthening or operation of surveillance systems</i></p> <p><i>Epidemiological investigations, rapid threat and risk assessment, molecular epidemiology, etc.</i></p> <p><i>Develop and implement an incident management system, maintain and develop incident management tools</i></p> <p><i>Develop protocols, cross border studies, data analysis, support for collaboration with external partners/stakeholders including relevant EU initiatives, etc.</i></p>



# Ongoing & completed EUHTF assignments

Requestor	Technical Area/Topic	Status
<b>International</b>	<b>Response</b> related to mpox via GOARN, DG ECHO and DG INTPA, in country support	Ongoing
<b>MS</b>	Multi-country <b>operational research</b> : iGAS risk factors and surveillance	Ongoing
<b>International</b>	<b>Response</b> remote work related to mpox data analysis	Completed
<b>MS</b>	<b>Epidemic intelligence and response</b> for two mass gathering events	Completed
<b>MS</b>	<b>Surveillance and risk assessment</b> for a mass gathering event	Completed
<b>MS</b>	<b>AAR</b> : Support on methodology for testing during COVID-19	Completed
<b>MS</b>	<b>AAR</b> : contact tracing during COVID-19 pandemic	Completed
<b>MS</b>	<b>AAR</b> : coordination public health and international airports during COVID-19	Completed
<b>MS</b>	<b>AAR</b> : resp. measures, vaccination and risk communication during COVID-19	Completed
<b>MS</b>	<b>Guidance</b> on national workforce capacity estimation	Completed
<b>MS</b>	<b>Training</b> on surveillance, data collection and outbreak investigation	Completed
<b>International</b>	<b>Rapid Risk Assessment</b> related to a flooding event	Completed
<b>International</b>	<b>Response</b> to infectious disease events associated with the escalation of violence in Israel and occupied Palestinian Territories, through GOARN and DG ECHO	Completed
<b>International</b>	<b>Cholera response</b> , through GOARN and DG INTPA	Completed

# Composition of the EUHTF

## ECDC Coordination Team

Permanent entity coordinating EUHTF activities:

- Public health experts
- Emergency Operations Centre staff
- Administrative assistants

### Tasks

- Coordination, including for deployments
- Development of administrative, readiness and mobilisation procedures
- Training and capacity-building activities
- Communication and coordination with partners

## EUHTF Expert Pools

Experts mobilised for specific assignments from:

- ECDC staff
- ECDC Fellows (e.g. EPIET, EUPHEM)
- External Expert Pool (Experts from EU/EEA MS, international and non-profit organisations)

### Tasks

- Field deployments / missions / remote support
- Community of Practice
  - Regular meetings, trainings, sharing experience, protocols, tools

## Enhanced Emergency Capacity

Large mobilisations of the EUHTF in the event of the declaration of a public health emergency, under the European Commission and ECDC coordination, for response operations in the EU

# EUHTF External Expert Pool

- Work in progress – step-by-step approach
- The application link will be emailed to the targeted groups and ultimately published on the EUHTF webpage and ECDC social media channels
- Attend the next webinars to receive fresh news!



# Background for EUHTF deployments to DRC


# Mpox PHECS and PHEIC



## WHO Director-General declares mpox outbreak a public health emergency of international concern

14 August 2024 | News release | Reading time: 3 min (789 words)

WHO Director-General Dr Tedros Adhanom Ghebreyesus has determined that the upsurge of mpox in the Democratic Republic of the Congo (DRC) and a growing number of countries in Africa constitutes a public health emergency of



**RAPID RISK ASSESSMENT**

**Risk assessment for the EU/EEA of the mpox epidemic caused by monkeypox virus clade I in affected African countries**

16 August 2024

### Summary

**Epidemiological situation**

The monkeypox virus (MPXV) clade I epidemic that has been affecting the Democratic Republic of the Congo (DRC) since November 2023 has recently spread to several other African countries including Burundi, Rwanda, Uganda and Kenya. The size of these outbreaks could be larger than reported due to under-ascertainment and under-reporting.

On 15 August 2024, one case of MPXV clade Ib was reported in the EU/EEA and more imported MPXV clade I cases will likely occur. It is therefore important for European countries to be prepared to handle such imported cases and prevent secondary transmission.

In countries reporting clade I cases, human-to-human transmission through close physical contact and through both sexual and non-sexual transmission has been documented. Although all age groups are represented among cases infected with MPXV clade I, preliminary data show that infections by clade Ib virus concern mostly the adult population, whereas infections by clade Ia concern mostly children. To date, there are still significant uncertainties about the main transmission routes, transmissibility, severity, and natural disease history, and whether these differ between the two circulating subclades of clade I MPXV.

Mpox symptoms usually appear 6–13 days (up to 21 days) after infection. The clinical manifestation of the disease includes general febrile symptoms, a distinct rash (papules) on the skin and sores on the mucosa, back pain and muscle aches. The rash may spread quickly throughout the body within three days of experiencing the initial symptoms. Most people experience mild to moderate symptoms that usually last two to four weeks, followed by a full recovery.

**Risk assessment**

In the affected areas in the African continent:

The likelihood of infection with MPXV clade I for EU/EEA citizens travelling to or living in the affected areas and having close contact with affected communities is high, while the likelihood of infection is low when contacts with affected communities are avoided. The severity of the disease is expected to be low. Overall, the risk for these populations is **moderate** and **low**, respectively.



# EUHTF deployments to DRC

1. Deployment of 1 ECDC staff member
    - in response of GOARN request of assistance
  2. Deployment of 1 ECDC staff member and 1 from ECDC fellowship
  3. Deployment of 1 ECDC staff member and 1 from ECDC fellowship
    - Under the DG ECHO ECDC service level agreement
- 
- Supporting MoH/WHO/AfricaCDC response to mpox epidemic in DRC

# Update from EUHTF deployments to DRC

# Who did I work with

- Integrated Outbreak Analytics (IOA)
- The Public Health Emergency Operations Centre (COUSP) – of the public health institute
  1. Surveillance pillar
  2. Coordination pillar
- WHO country office in Kinshasa, Mbandaka Sub-office and Bukavu Sub-office
- DG ECHO
- Africa CDC\*
- AFENET Corps of Disease Detectives (ACoDD)
- Mbandaka provincial laboratory
- Provincial IMS of Bukavu

# Strengths and Weakness of response

- Transparency
- Difficulties linked to goals and planning indicators
- Data management – hard to compile and clean the data centrally
- Not always consistent case definitions
- Limited testing capacity highlighting the need for a testing strategy
- Limited understanding of transmission
  - Inconsistent IPC measures
  - Limited isolation capacity

# Remote support from EPIET fellow

- Remote support from ECDC office
  - Supported development of analysis protocol and detailed analysis plan
  - Conducted analysis of contact tracing data
  - Day-to-day contact point at EUHTF
- Deliverable
  - Report of contact tracing analysis in the form of a presentation
- Presentation of findings
  - Presentation for colleagues in DRC
  - Internal presentation at ECDC



## 2nd deployment

### **Support national mpox emergency management and disease surveillance.**

- Identify areas for improvement and suggest solutions.
- Support coordination of external partners and national colleagues.

### **Support continental mpox response led by Africa CDC and WHO.**



**Integrated outbreak analytics cell:** improving data quality, data management, and data analyses in the DRC mpox response.

- Raise concerns and help develop streamlined/ sustainable data collection/management processes.
- Help focus the response using available data.
  - What data to present, how to present to guide public health actions (e.g., resource allocation)
  - Charts/slides for meetings with leadership
- "Data partner" group with DRC authorities and international agencies (AfricaCDC, WHO, UNICEF, US CDC).
- Learning experience: surveillance system supporting response.

## 3rd deployment

### **Integration into the cellule d'analyse intégrée (CAI)**

- Weekly requested analyses
- Regular review of epi situation
- Prioritisation of additional exploratory analyses
- Promote use of tools for continuous improvement of surveillance system
- Linking CAI analysis capacity with other response pillars (e.g. pris en charge)

### **Perspective**

Standard automated output including KPIs to monitor surveillance system improvement

### **Transition**

Capacity and capability building

Transfer responsibilities and tools to the COUSP/INSP colleagues

# Future plans

- Call for assistance for EUHTF External Expert Pool sent out 15 Oct
- Two more ECDC staff
- One more ECDC fellow
  
- Deployments to Kinshasa
- Continue supporting MoH/WHO/AfricaCDC response

# Q&A

The floor is yours!



# How to request support, EUHTF Governance and next EUHTF events

# Requesting EUHTF support

**Who can request support:** national health authorities; EC; WHO/GOARN

**Geographical scope:** (in order of priority) EU/EEA countries, EU candidate countries, potential candidate countries, European Neighbourhood Policy countries and other partner countries

**Criteria for EUHTF mobilisation:**

- country or event/crisis focussed
- related to **emergency preparedness or response** work
- associated with an **infectious disease** or an event of **unknown origin**
- during **limited time**
- with a **clear public health impact** for EU/EEA or globally  
<https://www.ecdc.europa.eu/en/about-ecdc/what-we-do/partners-and-networks/support-and-services-eueea-countries/health-task-force>



# EUHTF governance

	EUHTF Advisory Group
<b>Role</b>	Advise and assist <u>ECDC Coordination Team</u> on: <ul style="list-style-type: none"> <li>• Operational, administrative and technical decisions</li> <li>• Annual work plan priorities</li> <li>• Opportunities for international collaboration</li> </ul>
<b>Members</b>	ECDC Coordination Team, 6 selected MSs, EC DGs (SANTE, ECHO, HERA, RTD), EMA, WHO-EURO, GOARN, NGO (MSF), EUPHA
<b>Timing</b>	From January 2024, meet every 6 months, two-year rotations

As per routine ECDC governance mechanisms, the EUHTF reports annually to:

- ECDC **Advisory Forum** on EUHTF scientific work
- ECDC **Management Board** on EUHTF activities (workplan and budget)

# Selection of the new MS representatives of the EUHTF Advisory Group



## Selection process and timeline:

- Invitation to nominate one expert per country sent to NCs and NFPs  
P&R → end of November 2024
- Selection of MS expert for Advisory Group → January 2025
  - *If more than 4 candidates are nominated the NCs will be responsible to vote for the 4 preferred candidates.*
  - *Candidates from countries being currently represented in the Advisory Group will not be accepted*

# Upcoming events

- **Next webinar** → January 2025
- **Launch of EUHTF pools** → External Expert Pool
- **2<sup>nd</sup> EUHTF Advisory Group meeting** → 18 November 2024
- **EUHTF stakeholders meeting** → 18-19 November 2024
- **ESCAIDE** → 20-22 November 2024



# Thank you!