

ROBERT KOCH INSTITUT





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Public Health Laboratories and IHR -Efficient response to highly dangerous and emerging pathogens at EU level

Joint Action EMERGE

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Best Practices in Implementing International Health Regulations (IHR), Athens, 2018-6-7/8

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EU-Joint Action EMERGE

JA "Efficient response to highly dangerous and emerging pathogens at EU level" (EMERGE) is focused on laboratory management of cross-border outbreaks caused by risk group 3 and risk group 4 new and dangerous pathogens which could cause natural outbreaks.

The activities are of particular value for Member States with less capacity and expertise to respond to threats caused by emerging and dangerous pathogens and it will support Member States in implementing the **Decision 1082/2013/EU** and the **International Health Regulations**.



Decision 1082/2013/EU: "Serious crossborder health threats and International Health Regulations"

The IHR require Member States to develop, strengthen and maintain their capacity

- to detect, assess, notify and respond to a public health emergency
- to promote interoperability between national preparedness planning



Best Practices in Implementing International Health Regulations (IHR) Athens, Greece



Decision 1082/2013/EU – Instrument for implementation of IHR in Europe

Integrated, coordinated and comprehensive approach for preparedness, risk assessment and crisis response

Article 4

Preparedness and response planning:

- sharing best practice and experience
- promoting the interoperability of national preparedness Article 7

Ad hoc monitoring

Article 8

Establishment of an early warning and response system Article 9

Alert notification:

- the type and origin of the agent;
- the date and place of the incident or outbreak
- means of transmission or dissemination
- it is unusual or unexpected for the given place and time,
- it causes or may cause significant morbidity or mortality in humans
- it grows rapidly or may grow rapidly in scale,
- it exceeds or may exceed national response capacity;

To be supported by laboratory analytical data



EU-Structures of cooperation under Decision 1082/13/EU on serious cross-border threats to health



EU Member States

Health Security Committee (HSC)

- Consultation and information exchange among Member States (high level representatives)
- Crisis management and preparedness planning

European Commission

- Implementation of Decision 1082/2013/EU
- Crisis management & preparedness in health
- DG SANTE operates and hosts the Health Emergency Operations Facility (HEOF)



EMERGE:

Efficient **response** to highly, dangerous and emerging pathogens at EU level

EMERGE acts in inter-epidemic mode (IEM) which can be activated and switched into an outbreak response mode (ORM) on request by the HSC to shift activities to the outbreak management

ECDC



- Routine Surveillance of Communicable Diseases
 - Rapid risk assessment
 - Scientific advice and guidance
- Response support
- Preparedness and capacity strengthening
- Training
- Communication



General information

EMERGE is an EU funded Joint Action (CHAFEA n° 677 066),

Further development of two previously funded actions EQADeBa and QUANDHIP since 2008

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Coordinator:

Robert Koch-Institut (RKI), Berlin, Germany *Contact persons: Roland Grunow / Daniela Jacob*



Co-Coordinator:

L. Spallanzani National Institute for Infectious Diseases (INMI), Rome, Italy *Contact persons: Giuseppe Ippolito / Antonino Di Caro*

Duration: 1st June 2015 – 31st May 2018 (3 years) Total EU co-funding (60%): 3.5 Mio EUR Estimated project costs: 5.8 Mio EUR

EMERGE

The Netherland

France

Portuga

Partners

Finland

ithuania

Coordinator: RKI, Germany (NIB+NIV) Co-Coordinator: INMI, Italy (NIB+NIV)

Associated Partners:

AGES, Austria (NIB) CODA-CERVA, Belgium (NIB) NCIPD, Bulgaria (NIB) HZJZ, Croatia (NIB) SUJCHBO, Czech Rep. (NIB) DTU, Denmark (NIB) TA, Estonia (NIB) THL, Finland (NIB) **INSERM**, France (NIV) DGA, France (NIB+NIV) BwIM, Germany (NIB) FLI, Germany (NIB+NIV) UMR, Germany (NIV) BNITM, Germany (NIV) AUT, Greece (NIV) NCE, Hungary (NIB+NIV)

Collaborating Partners: IZSPB, Italy (NIB) NKUA, Greece (NIB) ISS, Italy (NIB) IZSLER, Italy (NIB) NVSPL, Lithuania (NIB) RIVM, Netherlands (NIB) NIPH, Norway (NIB) NVI, Norway (NIB) NIPH-NIH, Poland (NIB) NVRI, Poland (NIB) INSA, Portugal (NIB+NIV) INC, Romania (NIB) UL-IMI, Slovenia (NIV) BIOEF, Spain (NIB) ISC III, Spain (NIB+NIV) FoHM, Sweden (NIB+NIV) PHE, United Kingdom (NIB +NIV) EMC, Netherlands (NIV)

SPIEZ, Switzerland (NIB+NIV) FOI, Sweden (NIB)

NIB = Network of Infectious Bacteria NIV = Network of Infectious Viruses

38 Partners

- 1 Main Partner / Coordinator
- 33 Associated Partners
- 4 Collaborating Partners

24 European countries

- 22 EU States
 - 2 EEA/EFTA States



Project Summary & General Tasks

European policy (Decision No 1082/2013/EU)

>>> There is a need for an efficient, rapid and coordinated response to high threat pathogens causing serious cross-border outbreaks. <<<

 To ensure an efficient response to serious emergent and re-emergent cross-border events.

- To contribute to a coordinated and effective response to such outbreaks by linking up laboratory networks and institutions.
- To perform external quality assurance exercises and give appropriate trainings and to ensure laboratory responsiveness, diagnostics and laboratory bio-risk management during outbreaks.
- <u>2 modes</u>: a so-called inter-epidemic mode (IEM) and an outbreak response mode (ORM).



Inter-epidemic Mode (IEM) and Outbreak Response Mode (ORM)

"Inter-Epidemic Mode" (IEM)

"Outbreak Response Mode" (ORM)

- work packages (WP) will be run for preparedness as agreed in the Grant Agreement
- work packages will be run in an outbreak mode
- specific tasks are defined for each WP
- modifications of the work plan
- budget changes and shifting



List of agents in focus





thopoxyirus

Bacteria	Viruses
Bacillus anthracis	Filoviruses (Ebola Hemorrhagic Fever)
Francisella tularensis	Arenaviruses (Lassa Hemorrhagic Fever)
Yersinia pestis	Bunyaviruses (Crim Congo Hemorrhagic Fever)
Burkholderia mallei	Orthopoxviruses (Monkey pox)
Burkholderia pseudomallei	Paramyxoviruses (like Nipah and Hendra viruses)
<i>Brucella</i> spp.	New viruses (Not yet identified)
Coxiella burnetii	



Working Groups

- WG1 Metagenomics 29 members
 - Questioning of all partners to collect information about the used metagenomics approaches (*i.e. sample preparation, bioinformatic pipelines, NGS platforms*)
 - Usage of the EQAE to perform metagenomic assays
- WG2 RG4 Detection methods 15 members
 - Neutralization and sample inactivation of risk group 4 viruses is the main topic
 - The development of a questionnaire to collect information on inactivation procedures available among partners is planned
 - Organization of neutralization tests (voluntary based) is in progress
- WG3 Antimicrobial Susceptibility Testing (AST) 16 members
 - Best laboratory practices to perform ASTs in a BSL3 containment and development of SOP – close discussion with EUCAST
 - Based on "microdilution 96 well plates" (MERLIN) with given panels of antibiotics in appropriate concentrations, testing in EQAE



Steps and tasks (slight differences between EQAE)

- To assess the ability of participants to receive and process samples
- To monitor correct and timely shipment $(31.2 \pm 8.5 h; n=28)$
- To analyze test items:
- To identify targets in samples spiked with targets & to rule out all targets in samples spiked with non-targets

(i.e. Qualitative analysis for living and inactivated samples)

- To calculate the Genome Equivalent (GE) of targets in samples
 (i.e. Quantitative analysis for <u>inactivated samples</u>)
- To report preliminary results as fast as possible and final confirmed results (7.3 ± 6.6 h; n=26)

Improvement and consolidation over the period of time!







Summary of EQAE Results

Overall:

- Most participating laboratories performed with a very high level of diagnostic quality
- Improvement could be seen over EQAE; but not always because challenges were increased
- Shipment time and border control were improved
- Identification of *Brucella* species and *Francisella tularensis* subspecies should be improved
- First trials on serology showed the importance to further include and therefore to respond to the request by participants
- Kits might miss specific variants in viral genomes (Lassa Nigeria)
- Quantification is still a problem different methods, different reference standards







- Living European network on risk group 3 bacteria and risk group 4 viruses
- Support of IHR by providing laboratory capacities and capabilities
- Laboratory preparedness and responsiveness
- Interoperability between laboratories in different MS as well as with other networks and agencies
- External Quality Assurance Exercises and reference material
- Validation and improvement of **biorisk management**
- Training on laboratory management



EU-Joint Action EMERGE Outlook

New JA 2018/2019 based on EMERGE



IHR Implementation

Third Programme for the European Union's action in the field of health (2014-2020) — Work Programme for 2018

Annex 2, 2.2. Joint Actions 2.2.1. Joint Action to strengthen preparedness in the EU against serious cross-border threats to health and support the implementation of International Health Regulations (IHR)

Two general parts: The Joint Action will help

- strengthen preparedness including <u>laboratory capacities</u>
- and the implementation of <u>IHR</u> in the EU.



Joint Action 2018 – ANNEX 1

Expected activities under the new Joint Action

- 1.) Strengthen preparedness and the implementation of IHR,
- improving cross-sectoral preparedness and response capacity in Member States by different measures,
- sharing best practices or lessons learnt from response to recent outbreaks
- and others...

2.) Strengthen laboratory preparedness in Member States

- to develop their capacities to detect, investigate and report potential crossborder threats...such as disease outbreaks
- to improve laboratory services capable of producing reliable results in a timely manner
- to maintain the network of European microbiology laboratories for highly pathogenic agents
- to conduct **External Quality Assessments** for highly pathogenic agents and to provide **practical training** to staff.



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