

## ECDC DIRECTOR'S PRESENTATION

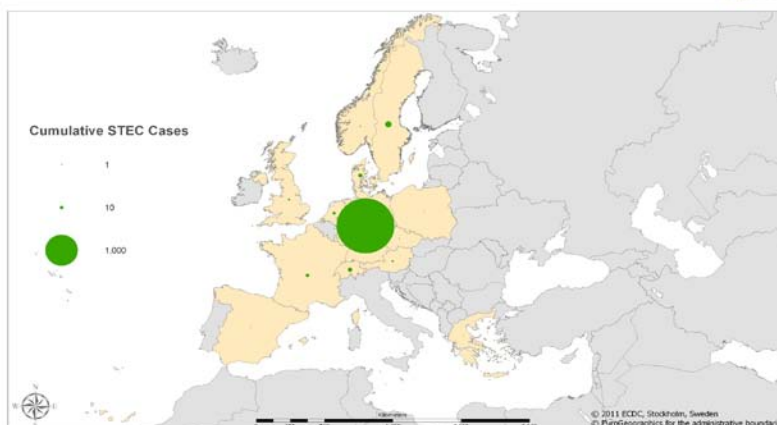
# Outbreak of EHEC/STEC in Germany: lessons learned

Informal Health Council, 5-6 July 2011, Sopot, Poland

President, Commissioner, Ministers, thank you for this opportunity to share ECDC's perspective on this topic.

I regret to say, the most obvious lesson from this outbreak is that the EU is still vulnerable to epidemics.

Cumulative STEC cases in the European Union / EEA countries  
1st May - 30th June



So far, we have seen nearly 50 deaths and over four thousand people hospitalised with an aggressive new strain of the *E.coli* bacterium. This has happened in the heart of Europe, in rich countries with well resourced public health systems.

Even worse, people hit by this outbreak were mostly women and men in their prime, who thought they were eating healthy food. Hundreds of them have been damaged for the rest of their lives, suffering kidney failure, brain damage and other long term disabilities.

The EU already recognised the need to strengthen its defences against epidemics after SARS in 2003 and “mad cow disease” in the 1990s. The current outbreak reminds us of this again.

So let's look at the three areas where we made a difference.

### 1. Vital role of EU microbiology networks

EU wide networks, such as ECDC's Food and Water Borne Disease network, played an essential role in this outbreak. Once it became clear that this outbreak was caused by a new strain of *E.coli*, laboratory experts in this, and other, networks worked intensively together to analyse the bacterium. ECDC's microbiology team, EU reference laboratories and WHO's collaborating laboratories played a key role in this cooperation. For example, ECDC disseminated guidance on laboratory tests to confirm infection. This enabled us to get an accurate EU-wide

picture of the developing outbreak. In due course, it enabled confirmation of contaminated bean sprouts as the source.

## 2. EU level cooperation helped the national investigations

Once the EU's Early Warning and Response System on health threats, the EWRS network, was activated, the European Commission took the lead in coordinating the EU-wide investigation and control measures. ECDC and EFSA contributed to, and supported these EU level activities.

My clear impression is that our actions had an added value.

For example, the EWRS network and the Commission rapidly agreed a common EU case definition, proposed by ECDC to ensure accurate reporting of cases. ECDC produced tools, such as a standard questionnaire, facilitating a coordinated EU-wide investigation. Our Food and Water Borne Disease network was in contact with national experts on a daily basis, increasing the preparedness of the institutes and professionals outside Germany.

## 3. Agreeing clinical reference materials on treatment of patients

As you can imagine, there were a lot of questions about clinical treatment of patients. The Commission asked us to work on this, so we put together a group of leading clinical experts and some of the doctors involved in the outbreak. This led to set of reference materials for treating patients, which ECDC published on its website. This was something never done before at EU-level – discussing best practice with the doctors on the frontline of a multi-country outbreak. But it made a real, and positive, difference.

**So, my positive "lesson learned" is that the EU-wide cooperation system against epidemics has shown added value**

However, **it can still be further improved.**

An outbreak like this – with nearly 50 patients dead, hundreds permanently disabled, and thousands more hospitalised – motivates us to do even better next time.

## Lessons learned on how to further strengthen EU cooperation against epidemics

Now for some lessons learned on how to further strengthen cooperation against epidemics

During this outbreak, it was very useful having an ECDC liaison officer embedded in the German outbreak investigation team – both for ECDC, and our German partners. It made information sharing much easier. ECDC is now developing some standard terms of reference for this liaison officer role, which we would like to agree with our national partners. If we can do this ahead of the next outbreak, then we can deploy a liaison officer even more quickly and efficiently.

Let me leave you with my top four lessons learned on further strengthening our defences.

Firstly, investment in microbiology is key. We need good labs in Europe to tackle outbreaks.

Secondly, we should use temporary platforms to exchange clinical information during outbreaks.

Thirdly, cross-sectoral cooperation is essential in all outbreaks, but particularly food borne outbreaks. Remember that "one voice" information to policy makers and citizens is key.

Fourthly, remember that what looks like a local outbreak can quickly become an EU-wide event.

**Thank you**

### Key lessons on how to further strengthen EU cooperation against epidemics

1. Keep investing in EU microbiology networks.
2. Use temporary platforms for exchange of clinical information
3. Cherish cross-sectoral cooperation at all levels for joint risk assessment and 'one voice' information to policy makers and citizens
4. What looks like a local outbreak can quickly become an EU-wide event