

## ECDC DIRECTOR'S PRESENTATION

### Remarks on lessons learned from the EHEC/ STEC outbreak in Germany

*Animal-to-human diseases: How does Europe protect its citizens?* Joint SANCO/EFSA/ECDC seminar hosted by Dagmar Roth-Behrendt MEP, European Parliament Vice-President, European Parliament, Brussels 10 October 2011

The first trigger for the EU's involvement in the EHEC outbreak came from the public health sector.

On Sunday 22 May, the Robert Koch Institute in Berlin notified its EU partners of a cluster of 30 cases of haemolytic uremic syndrome (HUS) and bloody diarrhoea caused by EHEC.

HUS is one of the most serious complications of EHEC. 30 cases of HUS is already a serious outbreak. Germany, the Commission and ECDC had to assume it might spread to other EU countries. On 23 May, ECDC alerted its network of Food and Water Borne Disease experts.

At the request of the Commission, we undertook a Rapid Risk Assessment. This was published on 25 May. It stated that: **Patients in other EU countries who had bloody diarrhoea and recent travel history to northern Germany should be considered as possible outbreak related cases.**

Shortly after, we agreed a standard definition with SANCO and Member States for EHEC cases linked to this outbreak. We then produced daily updates of cases Europe-wide. ECDC's Food and Water Borne Disease network, together with our laboratory network, enabled countries to rapidly prepare for, and detect, the epidemic strain. ECDC provided data, analysis and technical support to German colleagues investigating the outbreak. In doing this, we worked closely with our colleagues from EFSA. Efficient cooperation between the food safety and public health sectors is essential when investigating a food borne outbreak. This certainly worked well at EU level.

I would like to end by giving you **three lessons learned from this outbreak.**

One feature of this outbreak was the considerable reporting delays between doctors diagnosing EHEC cases and notifications reaching the Federal level in Germany. The average delay was 21 days. This is not uniquely a German problem. You find these sorts of delays in many other Member States. Nonetheless, my **first lesson learned** is that **we need to speed up the notification systems across the EU.** The technology needed to do this is available, and not particularly expensive. What is needed is the willingness to change long established systems.

A second feature of this outbreak was that it caused severe disease. Many of the people with HUS, a form of kidney failure, were women and men in their prime – which is unusual. The doctors looking after these patients wanted guidance on how to treat them. ECDC organised a teleconference linking these doctors with leading European and international kidney experts. This led to agreement on a set of reference materials on treatment. My **second lesson learned**, then, is that **ECDC should prepare to play this knowledge broker role in future outbreaks of new or unusual diseases.**

A final feature of the outbreak I want to highlight is that it was caused by a rare and unusual strain of EHEC. The standard laboratory tests used in the EU could not detect it. ECDC therefore disseminated guidance on how to test for the outbreak strain. Some national reference laboratories did not have the capacity to run these tests, so we coordinated distribution of test kits to them. My **third lesson** is that **EU-wide networking and capacity strengthening of national public health reference laboratories is essential.**

Reinforcing national public health laboratory capacity will continue to be a priority of ECDC and DG SANCO in 2012.