The European Medical Corps: First Public Health Team Mission and Future Perspectives

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Abstract
The 2013–2016 Ebola epidemic in West Africa challenged traditional international mechanisms for public health team mobilisation to control outbreaks. Consequently, in February 2016, the European Union (EU) launched the European Medical Corps (EMC), a structure developed in collaboration with the World Health Organization (WHO) to rapidly deploy teams and equipment in response to public health emergencies inside and outside the EU. Public Health Teams (PHTs), a component of the EMC, consist of experts in communicable disease prevention and control from participating countries and the European Centre for Disease Prevention and Control (ECDC), to support affected countries and the WHO in risk assessment and outbreak response. The European Commission’s Directorate-General European Civil Protection and Humanitarian Aid Operations, the Directorate-General Health and Food Safety and the ECDC, plan and support deployments. The first EMC-PHT deployment took place in May 2016, with a team sent to Angola for a yellow fever outbreak. The aims were to evaluate transmission risks to local populations and EU citizens in Angola, the risk of regional spread and importation into the EU, and to advise Angolan and EU authorities on control measures. International actors should gain awareness of the EMC, its response capacities and the means for requesting assistance.


Comment
ESCMID welcomes the establishment of an ad hoc European Medical Corps, EMC, as described in the paper in Eurosurveillance and further illustrated by the report from the EMC mission to Angola. The yellow fever outbreaks in Africa and South America are a continuous concern, which constantly show that the current global shortage of yellow fever vaccine must be addressed.

The real challenge for the EMC will be in responding to outbreaks where the responsible pathogen is not known. The realization that the outbreak of a fever of unknown origin in West Africa was Ebola virus took several months, and the same is true for a new virus like Nipah virus or SARS (Severe Acute Respiratory Syndrome).
Thus, in addition to rapid deployment of a field team which includes physicians with clinical experience, rapid laboratory backup is essential. Without laboratory backup, syndromic surveillance only creates the basis for immediate handling of the outbreak, but it will not help to understand what is going on.

ESCMID is an obvious partner with in-depth knowledge of clinical infectious diseases and clinical microbiology and leading European experts as members. The newly established ESCMID Emerging Infections Task Force strengthens ESCMID’s position in identifying and controlling new emerging infections.

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