



Plenary sitting

B8-0449/2016

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MOTION FOR A RESOLUTION

further to Question for Oral Answer B8-000119/2016

pursuant to Rule 128(5) of the Rules of Procedure

on the Zika virus outbreak
(2016/2584(RSP))

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on behalf of the Committee on the Environment, Public Health and Food Safety

**European Parliament resolution on the Zika virus outbreak
(2016/2584(RSP))**

The European Parliament,

- having regard to the statement of 1 February 2016 by the World Health Organisation (WHO) declaring the Zika virus outbreak a Public Health Emergency of International Concern,
 - having regard to Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC¹,
 - having regard to Regulation (EU) No 1291/2013 of the European Parliament and of the Council of 11 December 2013 establishing Horizon 2020 – the Framework Programme for Research and Innovation (2014-2020)²,
 - having regard to the question to the Commission on the Zika virus outbreak (O-000030/2016 – B8-000119/2016),
 - having regard to Rules 128(5) and 123(2) of its Rules of Procedure,
- A. whereas on 1 February 2016 the WHO declared the Zika virus outbreak a Public Health Emergency of International Concern (PHEIC);
- B. whereas the Zika virus is an emerging mosquito-borne virus that was first identified in Uganda’s Zika forest in 1947 in rhesus monkeys, through a monitoring network for sylvatic yellow fever;
- C. whereas outbreaks of Zika virus disease have been sporadically recorded in two European regions, Martinique and French Guiana, and in Africa, the Americas, Asia and the Pacific, and whereas cases of contamination have been detected in Europe, particularly in the Overseas Territories of Guadeloupe and Saint Martin;
- D. whereas in 2007, the Zika virus emerged outside its known endemic boundaries for the first time and caused an epidemic on Yap Island in the Federated States of Micronesia, followed by a widespread epidemic in French Polynesia in 2013–2014 and a subsequent spread to several countries in Oceania, including New Caledonia and the Cook Islands; whereas, while the Zika virus was generally considered to only cause mild human disease, the outbreak in French Polynesia revealed the virus’s potential to cause neurological complications (i.e. Guillain-Barré syndrome and meningoencephalitis);
- E. whereas according to the European Centre for Disease Prevention and Control (ECDC), ‘most of the infections remain asymptomatic (approximately 80 %)’;

¹ OJ L 293, 5.11.2013, p. 1.

² OJ L 347, 20.12.2013, p. 104.

- F. whereas the biggest outbreak of the Zika virus has been recorded in Brazil, particularly Northeast Brazil;
- G. whereas in November 2015 the Brazilian Ministry of Health declared a public health emergency in relation to an unusual increase in the number of children born with microcephaly in Pernambuco State during 2015; whereas the striking increase is visibly mainly in the most severe forms of microcephaly but some reports suggest that the prevalence of milder forms of that disease was exceptionally high even a few years before the Zika outbreak in 2015;
- H. whereas mosquito life cycle depends on climate, habitat and biodiversity, and whereas mosquito spread is facilitated by human factors such as climate change, man-made aquatic habitats, deforestation, urbanisation and lack of sanitation, urban waste, conflicts and travelling;
- I. whereas the outbreak of the Zika virus has exposed existing inequalities in the countries affected, including with regard to public health systems and living conditions, whilst disproportionately affecting the poorest members of society who often live next to open water sources and are ill-equipped to prevent and confront the disease; whereas women still account for the majority of the world's poor and their situation is particularly at stake as the prime responsible party in the household for food, clean water, hygiene and raising children with microcephaly-associated syndromes, something which may necessitate additional financial resources, particularly when no adequate or affordable support structures are in place;
- J. whereas imported cases of Zika virus infection have been reported in several European countries; whereas on 11 February 2016 the ECDC referred to a case of microcephaly detected in a pregnant woman in Slovenia, who developed a Zika-like infection during pregnancy while residing in Brazil;
- K. whereas, as of 9 February 2016, no cases of autochthonous Zika virus transmission have been reported on the European continent but a few cases have been reported in European outermost regions;
- L. whereas the appearance of the virus has been associated with clusters of microcephaly cases and other neurological disorders, including cases of Guillain-Barré syndrome; whereas on 1 February 2016 the WHO declared that a causal relationship between Zika infection during pregnancy and microcephaly is strongly suspected, though not yet scientifically proven;
- M. whereas the link between pregnant women infected with the Zika virus and the spike in microcephaly, a condition that causes babies to be born with unusually small heads and in most cases delayed brain development, following the Zika outbreak, is currently being researched and has become increasingly plausible according to the WHO; whereas this uncertainty, as well as the uncertainty regarding transmission mechanisms, puts women and adolescent girls, especially pregnant women and their families, in an incredibly difficult position, in particular as regards their health and the long-term implications for the household, and whereas these uncertainties should by no means be used to delay urgent decisions and actions needed to resolve this crisis;

- N. whereas there are many potential causes of microcephaly, but often the cause remains unknown, and whereas, in the absence of any specific treatment for microcephaly, the existence of a multidisciplinary team to assess and care for babies and children with microcephaly is important, early intervention with stimulation and play programmes may show positive impacts on development, and family counselling and support for parents is also extremely important;
- O. whereas the cluster of microcephaly cases in Brazil has been associated by Argentinian and Brazilian researchers with the larvicide pyriproxyfen, which was introduced into drinking water supplies in 2014 in affected areas of Brazil; whereas in response to this possible association, against the advice of the Ministry of Health and in accordance with the precautionary principle, the local government in Rio Grande do Sul, a state in the south of Brazil, suspended its use as from 13 February 2016;
- P. whereas among the 4 783 reported cases of microcephaly since October 2015, more than 700 have been ruled out as having microcephaly;
- Q. whereas among 404 infants with confirmed microcephaly, only 17 have tested positive for the Zika virus;
- R. whereas the Zika virus outbreak has been a reality in European Overseas Territories since 2013;
- S. whereas there is a risk of establishment of local vector-borne transmission in Europe during the 2016 summer season;
- T. whereas there is no specific treatment or vaccine currently available, but whereas the Indian company Bharat Biotech announced on 3 February 2016 that it had ‘two vaccine candidates in development, one a recombinant vaccine and another an inactivated vaccine that has reached the stage of pre-clinical testing in animals’;
- U. whereas there have been a small number of reports of sexual transmission of the Zika virus;
- V. whereas there have also been reports of transmission of the Zika virus linked with blood transfusions;
- W. whereas there is a real threat of transborder transmission of the Zika virus infection caused by infected travellers and global commerce;
1. Acknowledges that the Zika virus is mostly transmitted to people through the bite of an infected mosquito from the Aedes genus, mainly Aedes aegypti in tropical regions, and that this is the same mosquito that transmits dengue, chikungunya and yellow fever;
 2. Notes that according to the ECDC assessment, as neither treatment nor vaccines are available, and since the mosquitoes that spread the Zika virus bite both indoors and outdoors, mostly during the daytime, prevention is currently based on personal protection measures, such as wearing permethrin-treated long-sleeved shirts and long trousers (especially during the hours when the type of mosquito that carries the Zika virus is most active) and sleeping or resting in screened or air-conditioned rooms, or

otherwise using mosquito nets;

3. Stresses the importance of setting up communication plans on the most appropriate scale in order to raise awareness among the population and promote the appropriate behaviour in order to avoid mosquito bites;
4. Welcomes the ECDC's ongoing monitoring of the situation; calls on the ECDC to regularly update their risk assessments and epidemiological updates; believes that the ECDC should establish an expert committee in tropical communicable diseases in order to efficiently coordinate and monitor all the measures which need to be put in place in the EU;
5. Welcomes the Commission's decision to mobilise EUR 10 million for research into the Zika virus and recommends focusing on cases of severe congenital brain malformations across Latin America and their suspected link to Zika virus infections; questions, however, whether this amount is commensurate with the extensive scientific challenge of helping to understand the Zika virus disease and its neurological complications and developing diagnostic tests and treatment for the disease;
6. Notes that the Zika virus has been recorded in 28 countries and has potential life-changing consequences, in particular for young and poor women, a vast majority of whom are living in the least-developed regions of these countries; stresses, in view of the likely further spread of the disease, that the lessons learnt from last year's Ebola crisis must be put into practice urgently by the international community;
7. Stresses that research should focus primarily on preventive measures to avoid the spread of the virus, and on treatments; calls for research into Zika to be three-pronged: to investigate the strongly suspected link between the Zika virus and congenital brain malformations, to develop treatments and vaccinations and to develop tests for rapid and effective diagnosis;
8. Stresses the need for further research into the possible link between microcephaly and the larvicide pyriproxyfen, given the fact that there is no scientific evidence that discards this link;
9. Stresses that research should not overlook other possible and complementary causes of microcephaly;
10. Highlights the further funding possibilities available under Horizon 2020 and FP7 for research on vaccine development for malaria and neglected infectious diseases, which include the Zika virus;
11. Calls on the Commission to make sure that, if EU public money is spent on research, the results of that research are free of intellectual property rights and price accessibility to patients is guaranteed for the products thereby developed;
12. Calls on the Commission to propose specific measures for European regions where the Zika virus has already spread, in order to eradicate all possible vectors of transmission in those regions, to support persons already infected, especially pregnant women, and to avoid a broader transmission in those regions and in the rest of the European continent;

13. Calls on the Commission to come up with an action plan to prevent the spread of the virus in Europe and to assist Member States and third countries fighting this epidemic in the regions where the outbreak is more severe (mostly in the Caribbean and Central and South America); considers that such a plan should include targeted and sufficient free distribution of mechanical barriers such as nets (to avoid mosquito bites) and condoms (to avoid sexual transmission); calls on the Commission to develop a Management Protocol targeted at citizens who might be at risk of carrying the Zika virus infection owing to their epidemiologic context, with the aim of effectively breaking the chain of sexual and blood transmission by early detection;
14. Highlights the necessity of a gender-sensitive approach when discussing funding and estimating laboratory needs, given the complexity of testing and developing safe, effective, affordable and deliverable vaccines for pregnant women, who are often excluded from early clinical trials; urges financial donors to remain realistic regarding the expected costs of the development of these vaccines, including when allocating EU research funding, and to put the safety of girls and women at the forefront;
15. Points out the fact that the Zika virus has exposed the weaknesses in both public health systems' responses, especially at the primary care level, and the provision of reproductive health services and rights for women and girls in the countries affected, particularly with regard to information and care during and after pregnancy, and to the prevention and termination of pregnancies, while government officials in these countries have advised women to delay pregnancy until more is known about the Zika virus;
16. Recognises the need to strengthen laboratory capacity to confirm suspected Zika virus infections in the EU/EEA in order to differentiate Zika virus infections from other arboviral infections (for example dengue and chikungunya); calls on the Member States and the Commission to coordinate research among the laboratories performing research on the Zika virus, and to promote the establishment of such laboratories in the Member States where they do not yet exist;
17. Calls for the EU and the Member States to propose strategies to help connect vaccine makers, Centres for Disease Control and Prevention, and other national and state public health agencies and health providers to promote an exchange of data and analytics;
18. Stresses the importance of increasing awareness among obstetricians, paediatricians and neurologists that Zika virus infections should be investigated for patients who have travelled to Brazil and other affected countries since 2014 and those presenting with congenital central nervous system malformations, microcephaly and Guillain-Barré syndrome (GBS);
19. Calls on the EU to support the affected countries in achieving universal access to primary health care, including antenatal and postnatal care and diagnostic testing for the Zika virus, and calls on the EU to support the governments of the affected countries in providing a comprehensive sexual and reproductive information and health care package, including family planning possibilities, with an emphasis on access to a range of high-quality contraceptive methods for all women and adolescent girls, and access to safe abortion in order to combat the rise in unsafe abortions since the start of the epidemic, and, in this context, to trigger the required dialogue about contraception and

women's and girls' rights with partner countries;

20. Points out that, so far (as of 10 February 2016), 25 EU/EEA countries, the USA and the European Centre for Disease Prevention and Control have advised pregnant women and women who are trying to become pregnant to delay travel to Zika-affected areas;
21. Since there is currently no prophylaxis, treatment or vaccine to protect against the Zika virus infection, and given the risk of establishment of local vector-borne transmission in Europe during the 2016 summer season, calls on the Commission to conduct an immediate analysis of insecticides in terms of human health and effectiveness against the mosquito vector of the infection; calls also on the Commission to coordinate a set of prevention guidelines to be put in place this summer by national authorities;
22. Acknowledges that a testing algorithm for pregnant women returning from an area with ongoing Zika virus transmission has been published; points out, however, that an issue not yet addressed by the health authorities is the prolonged detection of the Zika virus in semen and the documented transmission of the Zika virus through sexual intercourse, which may have implications for male travellers returning from regions with ongoing transmission; believes that, considering that asymptomatic infections are frequent, male travellers should be advised to use condoms after returning from regions with ongoing transmission until conclusive data on the significance of this mode of transmission become available;
23. Following the WHO recommendations on prevention in European countries, calls on the Commission and the Member States to significantly enhance monitoring of invasive mosquito species and increase control of mosquitoes by eliminating breeding sites (such as pools) and planning for insecticide spraying in case of outbreaks, and to improve disinfection rates of cargo, cargo carriers and cabin and passenger compartments of planes from infected countries;
24. Calls for the EU and the Member State embassies to provide information and support to EU citizens living and travelling in affected areas;
25. Calls on EU and third country airline companies to duly and properly carry out disinsection of aircraft coming from affected areas;
26. Calls for the EU to consult Member States and third countries (national, regional and local governments) with expertise in monitoring, sensitisation, prevention and/or combating the Aedes genus mosquito – such as the Madeira Regional Government and Funchal City Hall, which have more than 10 years of experience in dealing with this issue, and the French Outermost Regions and Overseas Territories, which have long-standing expertise in vector-borne emerging diseases and specifically the Zika virus – in order to build its strategy against the Zika virus;
27. Points out the need for a coordinated approach at EU and international level in the fight against this outbreak; welcomes, in this context, the launch of the European Medical Corps and considers it to be relevant in helping mobilise medical and public health teams and equipment to fight the Zika virus if necessary; calls also on the Commission to urgently put forward a horizontal EU strategy on global health aimed at achieving the new sustainable development framework and its goals;

28. Invites the Commission, in cooperation with other partners, to help monitor the spread of the Zika virus also in developing countries and to integrate adequate responses in terms of developing health capacities, training health staff, epidemiological surveillance, community education and mobilisation and the control of mosquito populations into existing country-specific development programmes in cooperation with affected countries;
29. Stresses the need for any proposal to be based on a wide range of epidemiological studies covering not only Zika virus effects but also other causes of these effects;
30. Calls on the Member States to increase the awareness of clinicians and travel health clinics about the evolution of the Zika virus epidemic and the vector control envisaged by the authorities in affected areas, so that they can include Zika virus infection in their differential diagnosis for residents and travellers from those areas and prepare for possible quarantine of travellers suspected of having the Zika virus in order to prevent autochthonous transmission; calls on the national health authorities to organise an information campaign coordinated by the ECDC with the aim of informing and reassuring European citizens and avoiding unnecessary alarm;
31. Calls on the Commission and the Member States to enhance vigilance regarding the early detection of imported cases of Zika virus infection in the EU, including the EU Overseas Countries and Territories and the EU Outermost Regions, in particular where vectors or potential vectors are present, in order to reduce the risk of autochthonous transmission; acknowledges, moreover, that, although probably low and seasonally restricted, there is a risk of Zika virus importation to Aedes mosquito-infested regions in temperate climates (including regions of North America and Europe) with consecutive autochthonous transmission;
32. Stresses the importance of access to broad health services in fighting the Zika virus disease;
33. Supports calls made by the United Nations¹ to repeal laws and policies that restrict access to sexual and reproductive health and rights in contravention of international standards, and echoes its willingness to ensure that public health responses are pursued in conformity with human rights, in particular in relation to health and health-related rights;
34. Instructs its President to forward this resolution to the Council, the Commission, the governments and parliaments of the Member States, the Secretary-General of the United Nations and the World Health Organisation.

¹ <http://www.un.org/apps/news/story.asp?NewsID=53173#.VswcHE32aUk>