

*Letter dated:*  
20 August 2010

*From:*  
Ministry of Health, Welfare and Sport  
Medicines and Medical Technology Department  
Postbox 20350  
NL-2500 EJ The Hague

*To:*  
European Commission  
Directorate-General for Health and Consumers  
For the attention of Ms Patricia Brunko  
Health Law and International Unit  
B-1049 Brussels

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*We would be grateful if you could send any future correspondence to the return address above, quoting the date and reference of this letter.*

**Subject: Q fever/safety of blood and blood products**

Dear Ms Brunko,

On 12 and 13 April 2010 the representatives of the competent authorities for blood and blood products in the Member States of the European Union discussed the trends in Q fever in the Netherlands and the possible consequences for blood supplies in the Netherlands and the other Member States. On 14 July the Commission and the Netherlands met individually to reach more detailed agreements on this matter.

The Dutch Government now has the honour of informing you of the developments and measures taken in the Netherlands in the field of blood supplies and blood safety in relation to Q fever.

#### General

The latest information on Q fever in the Netherlands is published on the website <http://www.qkoortsinnederland.nl/home>.

#### Exclusions

Since 2008 a total of around 100 donors have been rejected after having reported that they had had Q fever. Almost all reports came from municipalities and postcode areas in which most human infections occur.

In accordance with the Dutch Guideline on Donor Evaluation, these donors were definitively rejected.

20% of these donors appear to have (possibly) given blood while in the incubation period of Q fever. As far as possible, the blood products concerned were recalled before they were transfused. In the remaining cases, the purchasers of the blood products were adequately informed via the standard 'lookback' procedures.

No evidence of the transfer of *Coxiella burnetii* from a donor to a transfusion recipient has hitherto been established in the 'lookbacks' for the period 2008-2010. However, the numbers involved are low, and not all practitioners test their patients (e.g. testing is not possible where the patient is deceased). Moreover, practitioners have not, in all cases, provided feedback on the action possibly taken (*inter alia* whether the product in question was actually administered, whether the patient who received the blood product was tested and what the results of the test were).

### Reporting criteria

The criteria for reporting cases of Q fever are as follows. For local and national surveillance of infectious diseases in the Netherlands the *Gemeenschappelijke Gezondheidsdiensten (GGDs)* [Community health services], the *Inspectie voor de Gezondheidszorg (IGZ)* [Health Care Inspectorate] and the *Rijksinstituut voor Volksgezondheid en Milieu (RIVM)* [National Institute of Public Health and the Environment] use the OSIRIS electronic reporting system to report infectious diseases via the internet. The *RIVM* uses the data from OSIRIS to analyse trends in the geographical spread of infectious diseases and reproduce them in form of graphs and distributions maps.

Doctors and laboratories report Q fever infections to the relevant *GGD*, which in turn registers the report in OSIRIS. Since January 2010 all cases of Q fever in humans are reported to the *GGD*, but OSIRIS only registers cases where the first day of sickness has occurred within the last 90 days and where the presence of *Coxiella burnetii* has been detected in a clinical specimen by means of a polymerase chain reaction (PCR) or isolation.

Chronic Q fever is no longer registered in OSIRIS.

### Data on high-risk areas

Finally, please find enclosed the list of areas, with their four-figure postcodes, in which Sanquin screens the blood donations from all donors for Q fever. Officially this list is updated weekly but in actual fact it is subject to very little change.

In short: in the Netherlands all plots of land with a street name and house number have a postcode with four figures and two letters. The figures denote an urban district or rural area; the letters enable you to 'zoom in' on a street or part of a street.

A missing postcode or address can be found with the help of the following website: <http://www.tntpost.nl/voorthuis/site/zoeken/postcode/>.

Google maps is also an excellent tool. Wall maps with area postcodes are only available commercially.

We will inform the Commission immediately should there be any new developments or measures taken in the Netherlands in the field of blood supplies and blood safety specifically relating to Q fever.

I hope that the above provides sufficient information for the Commission.

Dr H.R. Hurts  
Director of Medicines and Medical Technology

## Postcodes for the Q fever test

The following list is correct for the period 26 July 2010 to 1 August 2010

	<i>Postcode</i>	<i>Municipality</i>		<i>Postcode</i>	<i>Municipality</i>
1	3995	Houten	29	5394	Lith
2	5089	Hilvarenbeek	30	5397	Lith
3	5221	's-Hertogenbosch	31	5398	Lith
4	5224	's-Hertogenbosch	32	5401	Uden
5	5249	's-Hertogenbosch	33	5402	Uden
6	5251	Heusden	34	5403	Uden
7	5252	Heusden	35	5404	Uden
8	5253	Heusden	36	5406	Uden
9	5254	Heusden	37	5409	Uden
10	5296	Haaren	38	5411	Landerd
11	5327	Maasdriel	39	5445	Sint Anthonis
12	5335	Maasdriel	40	5461	Veghel
13	5344	Oss	41	5472	Bernheze
14	5345	Oss	42	5473	Bernheze
15	5349	Oss	43	5476	Bernheze
16	5351	Oss	44	5701	Helmond
17	5363	Grave	45	5702	Helmond
18	5364	Grave	46	5703	Helmond
19	5367	Oss	47	5709	Helmond
20	5371	Oss	48	5761	Gemert-Bakel
21	5373	Oss	49	5841	Sint Anthonis
22	5374	Landerd	50	5932	Venlo
23	5375	Landerd	51	5953	Beesel
24	5381	Maasdonk	52	6367	Voerendaal
25	5384	Bernheze	53	6624	Maasdriel
26	5386	Maasdonk	54	6626	West Maas en Waal
27	5388	Bernheze	55	6629	West Maas en Waal
28	5392	Maasdonk			